

Model Form: Individual Services Plan

Student Name: _____ Date of Birth: _____

Age: _____ yrs. _____ mos. _____

Guardian/Parent Name: _____ Grade: _____

School Year: _____

Address: _____ Phone: (h): _____

_____ Phone: (w): _____

Service plan meeting date: _____

Individual Service Plan Team Signatures:

NAME	POSITION	SIGNATURE
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I. Dates

A. Projected date when services and programs will begin: ____/____/____
Month Day Year

B. Anticipated duration of services and programs ____/____/____
Month Day Year

C. ISP review/revisions date(s) ____/____/____ ____/____/____
Month Day Year Month Day Year

II. Present levels of academic achievement and functional performance

A. Summary of performance in current program:

B. The student's disability affects his/her involvement and progress in the general (i.e. regular) education curriculum in the following ways:_____

C. The student's strengths:_____

D. The student's needs:

III. Goals and Objectives

A. Measurable annual goal:_____

B. Short-term instructional objectives or benchmarks:

1. Objective/Benchmark:

Expected level of achievement: Evaluation schedule:

Method of evaluation:

(Only one objective/benchmark is listed here for brevity. List as many on your own form as is appropriate for each student.)

IV. Special Education and Related Services

A. Program modifications and specially designed instruction:

B. Related services:

C. Supports for school personnel:

D. Extended school year:

V. Placement in the Least Restrictive Environment

A. Extent of mainstreaming:

B. Explanation of the intent, if any, the student will not participate with children without disabilities in the regular class, or in the general education curriculum:

C. Placement:

VI. Progress Reporting

A. How school will report progress toward the annual goals:

B. How frequently the school will report progress toward the annual goals:

VII. Exit Criteria:

___ No longer requires specially designed instruction

___ No longer of school age

___ Met designated requirements as specified in graduation plan

___ Other (specify)

VIII. Other (e.g., transition, test accommodations, transfer of rights ____ as appropriate)
